



APPLICATION FOR A LICENSE TO OPERATE AN ASSISTED LIVING FACILITY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 452 (Rev. 10-2008)

Telephone (701) 328-2321

Department Use Only
License Number
Licensure Period

INSTRUCTIONS: Type or print clearly. Attach with the application a check or money order for \$75.00 and other information as requested and return it to: **ND Department of Human Services, 600 E Boulevard Ave. Dept 325, Bismarck, ND 58505-0250.** Keep a copy for your records.

ASSISTED LIVING FACILITY INFORMATION

Name of Assisted Living Facility (ALF)			
ALF Street Address	City	State	Zip Code
ALF Mailing Address	City	State	Zip Code
Contact Person	Title	Telephone Number	
Fax Number	E-Mail Address	Contact Person's Mailing Address (If different than facility address)	

Type of Application Initial ____ Renewal ____	Number of Living Units? ____	Does Your ALF Specialize in Dementia/Alzheimer's? Yes ____ No ____
Has ownership of this ALF changed in the last twelve months? Yes ____ No ____	Has the legal entity responsible for the operation of this ALF changed in the last twelve months? Yes ____ No ____	Is the ALF under a management agreement? Yes ____ No ____

LEGAL OPERATOR OF THE ASSISTED LIVING FACILITY

Exact Name of Legal Entity Responsible for Operation		Taxpayer Identification Number	
Mailing Address	City	State	Zip Code

LEGAL OWNER OF THE ASSISTED LIVING FACILITY

Exact Name of Owner of Premises			
Mailing Address	City	State	Zip Code

SERVICES AVAILABLE

Services Available to Tenants at the Facility. (Either Provided Directly or Coordinated Through Other Entities)			
<input type="checkbox"/> Bathing	<input type="checkbox"/> Eating	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dressing	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Toileting	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Laundry	<input type="checkbox"/> Other _____
<input type="checkbox"/> Transferring	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
How are Services Provided to Tenants? Directly by Operating Entity ____ Coordinated Through Other Entity(s) _____,			
Other (Please Specify) _____			

SIGNATURES AND AFFIDAVIT

Note: The person signing the application cannot be less than 18 years of age. The application must be signed by the official(s) of the entity responsible for the operation of the assisted living facility. (If a sole proprietorship, the owner shall sign the application; if a corporation, two of its officers shall sign; if a state, county, or municipal unit, the application is to be signed by the head of the department having jurisdiction over the assisted living facility.)

The undersigned hereby makes application for a license to operate an assisted living facility subject to the provisions of North Dakota Century Code - Chapter 50-10.1, 50-10.2, 50-32 and 23-09, and to North Dakota Administrative Code - Chapter 75-03-34 as well as any other applicable federal, state, and local laws and regulations. We declare that we have examined this application and all attachments and that to the best of our knowledge and belief, this information is true, correct, and complete. We will notify the Department of Human Services in writing of any changes in this information within thirty (30) days of any such change.

Name (Print)

Name (Print)

Signature

Date

Signature

Date

Title

Title

Note: The application fee will not be refunded if the application is denied because the required information is not submitted or the application is incomplete. The following items must be provided before the application will be processed.

- ☐ Signed application
- ☐ Check or money order for the \$75.00 annual license fee (Made payable to the Department of Human Services)
- ☐ Copy of the License Issued by the Food and Lodging Division of the North Dakota Department of Health, or License Issued by the Local Health Unit Responsible for Inspections. (For more information about the required inspections, contact the Food and Lodging Division at 701-328-1291.)
- ☐ Copy of written agreement with tenant. **Agreement must include separate rates for rent and separate rates for services provided to the tenant as well as payment terms, refund policies, rate changes, tenancy criteria, and living unit inspections.**
- ☐ Copy of written notice provided to tenants that explains how a tenant may report a complaint regarding the assisted living facility. **The notice must include the telephone number of the department's senior info-line and the address of the Aging Services Division of the department.** The telephone numbers for the senior info-line are 1-800-451-8693 and 1-701-328-4601. The address of the State Long Term Care Ombudsman is: Aging Services Division, ND Department of Human Services, 1237 West Divide Avenue, Suite 6, Bismarck, ND 58501.
- ☐ Copy of the Brochure used to Promote or Advertise the Facility (If Available)
- ☐ Copy of Resident Handbook (If Available)
- ☐ Enter Provider Number if enrolled as a Qualified Service Provider (QSP) _____
- ☐ Return application to the following address: ND Department of Human Services, Medical Services Division, 600 E Boulevard Avenue-Dept. 325, Bismarck, ND 58505-0250